U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only READ THE INSTRUCT	TIONS CAREFULLY BEFORE PREPARING THIS REPORT
1 File Number U 73732	2 Fiscal Year Covered From
,	1/11/2005 Through 2/31/2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name (ARL J KAUTA	Name INTERNATIONAL UNION OF ELEVATOR LONSTRUCTOR
	Labor Organization File Number 25
P O Box Bldg Room No If any	P O Box Building and Room Number if any Suite 130
Street 6286 BAUM ST	Street 7510 L- MISSISS PAI AUE
CITY FREDERICK	City LAKEWEED
State CO Code + 4	60530 State (CO ZIP Code + 4 80) \(\)
b Employer FEP in number d Employee a SSA umber 069-40 3237 7 Social security tips 8 Allocated tips 3 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a See instructions 1 box 12 12b 12c 12c 12d 13 start mp. Ret. plan ard party sick my aff Employee s name address nd ZIP code CARL J KANETA 6286 BAUM ST	g loans) with or derived income or other economic benefit of your organization represents or is actively seeking to represent 7 a Nature of Interest Tran action or Income THATRUCTOR 7 b Amount
Signature	
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)	
Signed Cul Hanto.	L On 3-21-06 303-252-490ε Date Telephone Number